

Figure SC810.F64. Example of Detailed Chargeback Billing List with Explanation

DU1PCB40

E.S.A. OFFICE OF WORKERS COMPENSATION PROGRAMS

REPORT DATE: 07/22/93 DETAILED CHARGEBACK BILLING LIST FOR PERIOD: JULY 1, 1992-JUNE 30, 1993

DEPARTMENT: DEPARTMENT OF DEFENSE

AGENCY: DEFENSE LOGISTICS AGENCY

ACCOUNT: DLA ADMINISTRATIVE SUPPORT CENTER, VA.

ACCOUNT NUMBER: 3026

CASE NO	ID	PD	EMPLOYEE NAME	SOC.SEC.NO.	DATE OF INJURY	ALPHA	NO.	---MEDICAL---		---PAYMENTS---		A	---TOTAL---	
								AMOUNT	NO.	AMOUNT	ROLL		NO.	AMOUNT
X	09				02/24/70	XR	5	320.15	14	32,807.64	P		19	33,127.79
13	13				06/05/92	XR	10	585.25					10	585.25
25	06	X			02/19/93	XR	108	3,870.00	14	18,251.57	P		122	22,121.57
25	25				06/24/88	XR	18	1,301.00					18	1,301.00
25	25				01/28/92	XR	3	132.00					3	132.00
25	25				06/09/92	XR	27	1,336.00					27	1,336.00
25	25				10/26/92	XR	13	918.75					13	918.75
25	25				10/08/92	XR								
25	25				10/18/92	XR								
25	25				02/01/93	XR								
25	25				01/26/93	XR	4	192.93					4	192.93
25	25	X			04/23/93	XR	2	149.00					2	149.00
25	25	X			03/18/93	XR								
25	25	X			04/19/93	XR								
-----MEDICAL----- --COMPENSATION (NON-FATAL)----- --COMPENSATION (FATAL)----- --TOTAL-----														
CASES	PAYMENTS							AMOUNT	CASES	PAYMENTS				AMOUNT
TOTAL ACCT: 3026-DLA ADMINISTRATIVE SUPPORT CENTER, VA.														
COST	9	190	8,805.08	2	28	51,059.21	0	0	.00	9	218	59,864.29		
NO COST														

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EXPLANATION OF CHARGEBACK BILLING LIST COLUMNS

1. Case No: Injury claim identification number assigned by OWCP.
2. ID: Initiating District Office. This number will always remain the same. It identifies the OWCP District Office where the claim was originally filed and where the case was "created."
3. PD: Paying District. Identifies the current paying OWCP District Office. Normally, the office where the case file can be located and where correspondence regarding the claim should be sent.
4. Employee Name: Self-Explanatory. An asterisk to the left of the employee's name indicates the first time the case appears on the listing. All cases have asterisks in the first quarter of each billing year.
5. SSN: Where Social Security Number is not available, 1s, 2s, 9s, or zeros are printed. Obtain the employee's SSN and notify OWCP.
6. Date of Injury: Self-Explanatory.
7. ALPHA: The two-letter alpha code that represents the employee's servicing COP (or Agency reporting office) that sent the claim to OWCP.

8. Payment Columns: Number of payments and total amount of payment. Medical includes payments for medical treatment, prosthetic devices and rehabilitation costs. Compensation Roll indicates the payment roll from which the last payment was made: D = Death; P = Periodic Nonfatal; S = Supplementary (Death, Periodic Nonfatal or Daily Nonfatal). Periodic roll cases are paid every four weeks plus any CPIs granted in a given fiscal year.

9. Account Totals: The number of payments and dollar costs under the medical and compensation categories will add horizontally to the payment and cost totals. The case totals under these columns will not. However, cases shown under the total column represent an unduplicated (actual) case cost.

NOTE:

1. The total case count is broken out by total cost cases and total no cost cases.
2. The total number of fatal cases equals the number of "Ds" listed to the right of compensation roll payments.
3. A minus sign to the right of a payment amount indicates repayment or credit to the account. (Example - Recoupment of an overpayment, third-party recovery, etc.)